
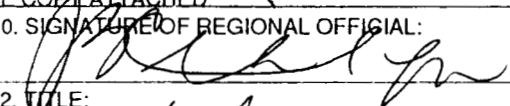


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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">0 0 — 0 0 7</div>	2. STATE: <div style="text-align: center;">Vermont</div>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">September 1, 2000</div>	
5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.1005 and 42 CFR 435.1006		7. FEDERAL BUDGET IMPACT: a. FFY 2000 \$ -0- b. FFY \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6A (00-07)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6A (00-03)	
10. SUBJECT OF AMENDMENT: <div style="text-align: center; padding: 10px;">Update to Standards for Optional State Supplementary Payments</div>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="text-align: right;"> <i>For the Governor -</i> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <i>See p. 1</i> <i>Stephen C. Hunt</i> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Roxanne Doty Planning & Evaluation Dept. of Prevention, Assistance, Transition, and Health Access 103 South Main Street Waterbury VT 05671-1201	
13. TYPED NAME: M. Jane Kitchel		17. DATE RECEIVED: <i>9-29-2000</i>	
14. TITLE: Secretary, Agency of Human Services		18. DATE APPROVED: <i>11-7-2000</i>	
15. DATE SUBMITTED: September 29, 2000		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>9-1-2000</i>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Ronald Preston		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Revision: HCFA-AT-85-3
 State: Vermont

Supplement #6
 To ATTACHMENT 2.6-A

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Payment Level (Monthly)*	
	Federal	State	One person with gross income ≤ \$1,500 per month	Couple with gross income ≤ \$3,000.00 per month
Independent Living Outside Chittenden County	X		\$571.04	\$879.88
Independent Living Chittenden County	X		\$571.04	\$879.88
Another's Household	X		\$380.64	\$560.98
Licensed Residential Care Level III (Limited Nursing Care)		X	\$779.13	\$1,372.69
Licensed Residential Care Level III (Assistive Community Care)	X		\$560.38	\$865.77
Licensed Residential Care Care Level IV	X		\$735.94	\$1,331.06
Custodial Care Family Home	X		\$610.69	\$1,101.82
Long-Term Care (Medicaid Payment)	X		\$47.66	\$95.33

*Vermont applies federal SSI program eligibility criteria, income disregards, and resource limitations.

42 CFR 435.1005
 42 CFR 435.1006

TN: 00-07

Supersedes

TN: 00-03 *pending*

and 99-14 approved

Approval date:

11/7/00

Effective date: 9/1/00

9/1/00